2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# P08000053155

Entity Name: MICHEL J. JACOBS, D.M.D., P.A.

Current Principal Place of Business:

850 IVES DAIRY ROAD
SUITE T63
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

1509 NORTH STATE ROAD 7
SUITE H
MARGATE, FL 33063

Current Mailing Address:

850 IVES DAIRY ROAD
SUITE T63
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

19501 W COUNTRY CLUB DR
APT 405
AVENTURA, FL 33180

FEI Number: 26-2801661 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, MICHAEL I D.M.D.
850 IVES DAIRY ROAD
SUITE T63
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

JACOBS, MICHAEL I D.M.D.
1509 NORTH STATE ROAD 7
SUITE H
MARGATE, FL 33180 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL JACOBS 01/20/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: JACOBS, MICHAEL J DMD
Address: 850 IVES DAIRY ROAD, SUITE T63
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JACOBS, MICHAEL I DMD
Address: 1509 NORTH STATE ROAD 7, SUITE H
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL JACOBS D 01/20/2009
Electronic Signature of Signing Officer or Director Date